

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Fresenius Medical Care North America PAC

ADDRESS (number and street)

801 Pennsylvania Avenue, NW

Suite 255

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00401299

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☒

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

09

01

2010

through

09

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kathleen Smith

Signature of Treasurer

Electronically Filed by Kathleen Smith

Date

10

13

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 16

Write or Type Committee Name  
Fresenius Medical Care North America PAC

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	7329.72
(b) Cash on Hand at Beginning of Reporting Period .....	5761.86	
(c) Total Receipts (from Line 19) .....	11029.18	75229.65
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	16791.04	82559.37
7. Total Disbursements (from Line 31) .....	7035.00	72803.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	9756.04	9756.04
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 16

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	9	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	10337.06	65133.50
(ii) Unitemized .....	692.12	10096.15
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	11029.18	75229.65
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	11029.18	75229.65
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	11029.18	75229.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11029.18	75229.65

## DETAILED SUMMARY PAGE

of Disbursements

4 / 16

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	35.00	803.33	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	35.00	803.33	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	72000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7035.00	72803.33	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7035.00	72803.33	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 16

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	11029.18	75229.65
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11029.18	75229.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	35.00	803.33
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	35.00	803.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

Charles E Brown

Mailing Address 4640 Glen Coe Street

City

Leesburg

State

FL

Zip Code

34748-2304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 01013.C2442

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (40.00-  
/Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Claire Callahan

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

SVP Human Resources & Admin

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 01013.C2399

Amount of Each Receipt this Period

330.00

Receipt

Payroll Deduction: (330.0-  
0/Monthly)

**C.**

Full Name (Last, First, Middle Initial)

David Carter

Mailing Address 5215 Wiltonwood Ct

City

Indianapolis

State

IN

Zip Code

46254-9665

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

VP Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 01013.C2455

Amount of Each Receipt this Period

130.00

Receipt

Payroll Deduction: (130.0-  
0/Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

Simon D Castellanos

Mailing Address 2670 S Youngfield Ct

City

Denver

State

CO

Zip Code

80228-4937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

Business Unit President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 01013.C2401

Amount of Each Receipt this Period

230.80

Receipt

Payroll Deduction: (230.8-  
0/Monthly )

**B.**

Full Name (Last, First, Middle Initial)

Mark Costanzo

Mailing Address 42D 7 Springs Ln

City

Burlington

State

MA

Zip Code

01803-5123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 4 / 2 0 1 0

Transaction ID: 01013.C2391

Amount of Each Receipt this Period

2500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Steven P Covino

Mailing Address 6 Williams Street

City

Waltham

State

MA

Zip Code

02453-4131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

Director of Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 01013.C2405

Amount of Each Receipt this Period

38.46

Receipt

Payroll Deduction: (38.46-  
/Monthly )

**SUBTOTAL** of Receipts This Page (optional) .....

2769.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

Nicole Devore

Mailing Address 801 Pennsylvania Ave NW  
Suite 225

City State Zip Code  
Washington DC 20004-2604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fresenius Medical Care NA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 01013.C2412

Amount of Each Receipt this Period

38.46

Receipt

Payroll Deduction: (38.46-  
/Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Carol A Ernst

Mailing Address 22370 N 64th Ave

City State Zip Code  
Glendale AZ 85310-4259

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fresenius Medical Care NA

Occupation  
Area Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 01013.C2408

Amount of Each Receipt this Period

76.92

Receipt

Payroll Deduction: (76.92-  
/Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mark R Fawcett

Mailing Address 100 Franklin Street

City State Zip Code  
Arlington MA 02474-3214

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fresenius Medical Care NA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1322.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 01013.C2458

Amount of Each Receipt this Period

76.00

Receipt

Payroll Deduction: (76.00-  
/Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

191.38

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

James Freedman

Mailing Address 269 Rolling Meadow

City

Holliston

State

MA

Zip Code

01746-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

VP Leadership & Prof Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 01013.C2411

Amount of Each Receipt this Period

80.00

Receipt

Payroll Deduction: (80.00-  
/Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Balaji Gandhi

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

VP Govt & External Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 01013.C2480

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (100.0-  
0/Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Terry O Gilpin

Mailing Address 4631 Woodland Corporate Blvd  
Suite 113

City

Tampa

State

FL

Zip Code

33614-2414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

President DSD North Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 01013.C2439

Amount of Each Receipt this Period

153.84

Receipt

Payroll Deduction: (153.8-  
4/Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

333.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

Kimberly Grelle-Swint

Mailing Address 6100 Bandera Rd  
Suite 600

City State Zip Code  
San Antonio TX 78238-1667

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fresenius Medical Care NA

Occupation  
Regional Director of Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 01013.C2470

Amount of Each Receipt this Period

38.46

Receipt

Payroll Deduction: (38.46-  
/Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Susan Johnson

Mailing Address 1206 Oak Park Rd

City State Zip Code  
Council Bluffs IA 51503-1358

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fresenius Medical Care NA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 01013.C2479

Amount of Each Receipt this Period

50.00

Receipt

Payroll Deduction: (50.00-  
/Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Matthew D Kinser

Mailing Address 750 Old Hickory Blvd  
Suite 230

City State Zip Code  
Brentwood TN 37027-4528

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fresenius Medical Care NA

Occupation  
VP Managed Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 01013.C2419

Amount of Each Receipt this Period

76.92

Receipt

Payroll Deduction: (76.92-  
/Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

165.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

Douglas G. Kott

Mailing Address 211 Claybook Rd.

City

Dover

State

MA

Zip Code

02030-2008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2692.34

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 01013.C2403

Amount of Each Receipt this Period

384.62

Receipt

Payroll Deduction: (384.6-  
2/Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Robert McGorty

Mailing Address 2 Walter Circle

City

Westford

State

MA

Zip Code

01886-4533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation  
VP Finance & Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.22

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 01013.C2425

Amount of Each Receipt this Period

230.76

Receipt

Payroll Deduction: (230.7-  
6/Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Judith Moran

Mailing Address 2201 South Clinton Ave  
2nd Floor

City

South Plainfield

State

NJ

Zip Code

07080-1473

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation  
Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 01013.C2404

Amount of Each Receipt this Period

38.46

Receipt

Payroll Deduction: (38.46-  
/Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

653.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

Jessica Orlando

Mailing Address 93 Russell Street

City

Waltham

State

MA

Zip Code

02453-8510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.07

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 01013.C2459

Amount of Each Receipt this Period

23.06

Receipt

Payroll Deduction: (23.06-  
/Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Donna M Painter

Mailing Address 105 W 7th Avenue  
Suite 1000

City

Corsicana

State

TX

Zip Code

75110-6449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation  
Regional VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 01013.C2427

Amount of Each Receipt this Period

30.00

Receipt

Payroll Deduction: (30.00-  
/Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Robert Powell

Mailing Address 32 Bancroft Rd

City

Andover

State

MA

Zip Code

01810-4120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 1 0

Transaction ID: 01013.C2392

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

5053.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

Brian Riddle

Mailing Address 8 Brookside Ct

City

Methuen

State

MA

Zip Code

01844-1245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

Dir Compliance Audits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 01013.C2432

Amount of Each Receipt this Period

38.46

Receipt

Payroll Deduction: (38.46-  
/Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Kim Sonnen

Mailing Address 240 S Madison St

City

Denver

State

CO

Zip Code

80209-3010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

SVP Marketing & Managed Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2470.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 01013.C2435

Amount of Each Receipt this Period

260.00

Receipt

Payroll Deduction: (260.0-  
0/Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Barbara B St. Louis

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 01013.C2481

Amount of Each Receipt this Period

24.00

Receipt

Payroll Deduction: (24.00-  
/Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

322.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A.

Full Name (Last, First, Middle Initial)

Liam Walsh

Mailing Address 5809 Chatham Ln

City

The Colony

State

TX

Zip Code

75056-7109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NAOccupation  
VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1273.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 01013.C2440

Amount of Each Receipt this Period

134.00

Receipt

Payroll Deduction: (134.0-  
0/Monthly)

B.

Full Name (Last, First, Middle Initial)

Deborah A. Wells

Mailing Address 100 Galleria Pkwy SE  
Suite 500

City

Atlanta

State

GA

Zip Code

30339-3179

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NAOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1461.48

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 01013.C2478

Amount of Each Receipt this Period

153.84

Receipt

Payroll Deduction: (153.8-  
4/Monthly)

C.

Full Name (Last, First, Middle Initial)

Jeffrey West

Mailing Address 401 Plymouth Road  
Suite 500

City

Plymouth Meeting

State

PA

Zip Code

19462-1726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NAOccupation  
VP Managed Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

Transaction ID: 01013.C2482

Amount of Each Receipt this Period

60.00

Receipt

Payroll Deduction: (60.00-  
/Monthly)

SUBTOTAL of Receipts This Page (optional) .....

347.84

TOTAL This Period (last page this line number only) .....

10337.06

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A.

Full Name (Last, First, Middle Initial)

Comerica Bank

Mailing Address PO Box 75000

City  
Detroit

State  
MI

Zip Code  
48275-0001

Purpose of Disbursement  
Bank Service Charge

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00914.E216

Date of Disbursement

/   /

Amount of Each Disbursement this Period

35.00

BANK SERVICE CHARGE

SUBTOTAL of Disbursements This Page (optional) .....

35.00

TOTAL This Period (last page this line number only) .....

35.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 16

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Kent Conrad Mailing Address 426 C Street NE	<b>Transaction ID:</b> 01013.E218 <b>Date of Disbursement</b> <div> <div>09</div> <div>15</div> <div>2010</div> </div>
City Washington State DC Zip Code 20002-5839 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name GAYLORD KENT CONRAD Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ND District: 00	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <b>DIRECT CONTRIBUTION</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Nelson 2012 Mailing Address 420 C Street NE	<b>Transaction ID:</b> 00914.E215 <b>Date of Disbursement</b> <div> <div>09</div> <div>07</div> <div>2010</div> </div>
City Washington State DC Zip Code 20002-5818 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name E BENJAMIN NELSON Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 00	<b>Amount of Each Disbursement this Period</b> <div>2000.00</div> <b>DIRECT CONTRIBUTION</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Wyden for Senate Mailing Address 122 C Street, NW Suite 505	<b>Transaction ID:</b> 01013.E217 <b>Date of Disbursement</b> <div> <div>09</div> <div>15</div> <div>2010</div> </div>
City Washington State DC Zip Code 20001-2109 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name RONALD LEE WYDEN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 00	<b>Amount of Each Disbursement this Period</b> <div>4000.00</div> <b>DIRECT CONTRIBUTION</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

7000.00